

EXAMINING/EMPLOYMENT APPLICATION (CMS100)

CMS administers civil service testing for agencies under the jurisdiction of the Governor; however, actual employment decisions are made by the hiring agencies. Pencil or fax copies of applications will not be accepted. Legible photocopies are accepted. PLEASE PRINT LEGIBLY OR TYPE INFORMATION.

1. POSITION TITLE					OPTION		LEAVE BLANK		
2. LAST NAME		FIRST NAME		MI		3. SOCIAL SECURITY NUMBER			
MAILING ADDRESS				COUNTY		4. BIRTHDATE (OPTIONAL)			
CITY		STATE	ZIP CODE	5. HOME TELEPHONE		WORK TELEPHONE			
				() ()					
6. DRIVERS LICENSE NUMBER		STATE	MO/YR EXPIRES	REST	NON-CDL		CDL	ENDR	
			/		A B C D L M		A B	X N	
7. COUNTY CHOICE		COUNTY	COOK/ZONE	LEAVE BLANK	COUNTY	COOK/ZONE	LEAVE BLANK		
(Select one or two)									
8. AVAILABILITY (Check one)		A. <input type="checkbox"/> Available for permanent employment; will not accept temporary employment. (Trainee titles must choose A.) B. <input type="checkbox"/> Available for permanent employment; will accept temporary employment. C. <input type="checkbox"/> Available for temporary employment only.							
9. If your answer to any of the following questions is "yes" please attach a signed detailed explanation. <div style="display: flex; justify-content: space-between;"> <div> A. Have you ever been fired from a job? (Downsize/layoff is not applicable.) <div style="float: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> </div> <div> B. Have you ever pled guilty to or been convicted of any criminal offense other than a minor traffic violation? <div style="float: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> </div> </div> <p>Pursuant to Public Act 93-0211, effective January 1, 2004, (20 ILCS 2630/12 (a)) and Public Act 93-0912, effective August 12, 2004, (705 ILCS 405/5-915 (8a)), respectively, applicants seeking employment with the State of Illinois are not obligated to disclose an arrest or conviction record that has been expunged or sealed, nor an expunged juvenile record. Employers may not ask if an applicant has had records expunged or sealed. Neither Public Act applies to law enforcement agencies, the Department of Corrections, State's Attorneys or other prosecutors.</p> <div> C. Are you currently in default on the repayment of any state educational loan? <div style="float: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>State law provides that any employee who is in default on the repayment of any education loan for a period of six months or more and in the amount of \$600 or more shall, as a condition of employment, make a satisfactory loan repayment arrangement with the maker or guarantor of the loan.</p> </div>									
10. VETERANS PREFERENCE: For assistance contact Veterans Outreach at 1-800-643-8138 or Illinois Relay Center at 1-800-526-0844 (TTY only).									
<input type="checkbox"/> I wish to claim Veterans Preference; attached is the most recent certified copy of my DD214/215. (If claiming service-connected disability, also include a copy of U.S. Veterans Affairs award letter.)							LEAVE BLANK 		
<input type="checkbox"/> I wish to claim Veterans Preference as an IL National Guard/Reservist. Attached is a letter from my unit personnel indicating I am currently serving under honorable conditions or a copy of my NGB22 stating my discharge was under honorable conditions.									
<input type="checkbox"/> I wish to claim Veterans Preference as a surviving unremarried spouse or one parent of an unmarried veteran who suffered a service-connected death or disability that prevents the veteran from qualifying for civil service employment.									
<input type="checkbox"/> I have submitted required military documentation to CMS after January 01, 2000 and have already established Veterans Preference with CMS.									
11. HIGH SCHOOL GRADUATE		<input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF YRS COMPLETED		<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/>		GED <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. BUSINESS, TRADE, CORRESPONDENCE SCHOOL: NAME AND ADDRESS				FROM MO YR	TO MO YR	TIME FULL PART	SUBJECTS	COURSE LENGTH	COMPLETED YES NO
13. TECHNICAL/PROFESSIONAL LICENSE				NUMBER		STATE ISSUED		DATE ISSUED MO YR	EXPIRATION DATE MO YR

CMS 100 (rev. 3/05)
 Printed on Recycled Paper

FOR CMS USE ONLY

EXAM DATE

TEST CENTER

MONTH

DAY

YEAR

14. EDUCATION REPORT: LIST YOUR EDUCATION ACCURATELY AND COMPLETELY. A copy of college transcripts/degrees may be required. The number of credit hours you have earned may be needed to meet the minimum requirements for some titles. This information is also useful for career counseling purposes.

NAME AND ADDRESS OF COLLEGES/UNIVERSITIES ATTENDED	HOURS EARNED		MAJOR (DO NOT ABBREVIATE)	MINOR (DO NOT ABBREVIATE)	DATES ATTENDED		LEVEL AND DATE OF DEGREE EARNED		
	SEM	QTR			FROM MO/YR	TO MO/YR	LEVEL	MO	YR
<i>Undergraduate:</i>					/	/			
					/	/			
					/	/			
<i>Graduate:</i>					/	/			
					/	/			
					/	/			
• LIST UNDERGRADUATE AND GRADUATE HOURS SEPARATELY			• INDICATE THE ACTUAL NUMBER OF SEMESTER OR QUARTER HOURS EARNED		• DO NOT INCLUDE COURSES MORE THAN ONCE				
FIELDS OF STUDY	UNDERGRADUATE		GRADUATE		FIELDS OF STUDY	UNDERGRADUATE		GRADUATE	
LIST ACTUAL CREDIT HOURS	# OF SEM HRS	# OF QTR HRS	# OF SEM HRS	# OF QTR HRS	LIST ACTUAL CREDIT HOURS	# OF SEM HRS	# OF QTR HRS	# OF SEM HRS	# OF QTR HRS
Accounting					Humanities				
Actuarial Science					Human Services				
Afro-American Studies					Hydrology				
Agriculture					Industrial Arts				
Agronomy					Industrial Hygiene				
Animal Science					Insurance				
Architecture					Journalism				
Art					Law (specify)				
Atmospheric Science					Law Enforcement				
Audiovisual Instruction					Library Science				
Bacteriology					Limnology				
Biochemistry					Mgmt Info Systems				
Biology					Marketing				
Biostatistics					Mathematics				
Botany					Medical Records				
Business Admin/Mgmt					Medical Technology				
Cell/Molecular Biology					Medicine				
Chemistry					Microbiology				
Computer Science					Nursing (specify)				
Conservation					Park Management				
Criminal Justice Admin					Pastoral Counseling				
Criminology					Pharmacy				
Demography					Physics				
Dietetics, Nutrition					Political Science/Govt				
Divinity/Theology					Programming				
Early Childhood Development					Psychology				
Economics					Public Administration				
Education (specify)					Radio-Television				
Engineering (specify)					Recreation				
Engineering Technology					Rehab Counseling/Admin				
Environmental Science					Risk Assessment				
English					Secretarial Science				
Entomology					Social Work				
Environmental Health					Sociology				
Epidemiology					Soil Science				
Finance					Speech and Drama				
Fire Science					Statistics				
Fish Management					Therapy (specify)				
Food Service Mgmt					Toxicology				
Foreign Language (specify)					Urban Studies				
Forensic Science					Wildlife Management				
Forestry					Zoology				
Geography					Other:				
Geology									
Genetics									
Guidance and Counseling									
Health/Public Health									
History									
Home Economics									

Attach separate sheet of paper for additional coursework if necessary.

INCLUDE THE FOLLOWING INFORMATION:

- **College internships/practicums successfully completed**
- **Military experience including dates, listing each change in rank and title**
- **Related volunteer experience including dates and hours worked**

CURRENT (OR LAST) EMPLOYER				PAYROLL TITLE											
STREET ADDRESS				AVERAGE HOURS WORKED PER WEEK				CURRENT OR LAST SALARY							
				FULL-TIME		OR		PART-TIME		WEEKLY OR MONTHLY OR ANNUALLY					
CITY			STATE	DATES OF EMPLOYMENT							TOTAL				
				MONTH	YEAR		TO	MONTH		YEAR		YEARS		MONTHS	
SUPERVISORY RESPONSIBILITY: LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)			MANUAL/TRADES	CLERICAL		TECHNICAL/PARA- PROFESSIONAL		PROFESSIONAL		ADMINISTRATIVE					
DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH PAYROLL TITLE SEPARATELY:															
REASON FOR LEAVING:															
EMPLOYER				PAYROLL TITLE											
STREET ADDRESS				AVERAGE HOURS WORKED PER WEEK				CURRENT OR LAST SALARY							
				FULL-TIME		OR		PART-TIME		WEEKLY OR MONTHLY OR ANNUALLY					
CITY			STATE	DATES OF EMPLOYMENT							TOTAL				
				MONTH	YEAR		TO	MONTH		YEAR		YEARS		MONTHS	
SUPERVISORY RESPONSIBILITY: LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)			MANUAL/TRADES	CLERICAL		TECHNICAL/PARA- PROFESSIONAL		PROFESSIONAL		ADMINISTRATIVE					
DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH PAYROLL TITLE SEPARATELY:															
REASON FOR LEAVING:															
EMPLOYER				PAYROLL TITLE											
STREET ADDRESS				AVERAGE HOURS WORKED PER WEEK				CURRENT OR LAST SALARY							
				FULL-TIME		OR		PART-TIME		WEEKLY OR MONTHLY OR ANNUALLY					
CITY			STATE	DATES OF EMPLOYMENT							TOTAL				
				MONTH	YEAR		TO	MONTH		YEAR		YEARS		MONTHS	
SUPERVISORY RESPONSIBILITY: LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)			MANUAL/TRADES	CLERICAL		TECHNICAL/PARA- PROFESSIONAL		PROFESSIONAL		ADMINISTRATIVE					
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REASON FOR LEAVING:															
EMPLOYER				PAYROLL TITLE											
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CITY			STATE	DATES OF EMPLOYMENT							TOTAL				
				MONTH	YEAR		TO	MONTH		YEAR		YEARS		MONTHS	
SUPERVISORY RESPONSIBILITY: LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)			MANUAL/TRADES	CLERICAL		TECHNICAL/PARA- PROFESSIONAL		PROFESSIONAL		ADMINISTRATIVE					
DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH PAYROLL TITLE SEPARATELY:															
REASON FOR LEAVING:															

EMPLOYER		PAYROLL TITLE							
STREET ADDRESS		AVERAGE HOURS WORKED PER WEEK				CURRENT OR LAST SALARY			
		FULL-TIME		OR	PART-TIME		WEEKLY OR MONTHLY OR ANNUALLY		
CITY	STATE	DATES OF EMPLOYMENT					TOTAL		
		MONTH	YEAR	TO	MONTH	YEAR	YEARS	MONTHS	
SUPERVISORY RESPONSIBILITY: LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)		MANUAL/TRADES	CLERICAL		TECHNICAL/PARA-PROFESSIONAL		PROFESSIONAL	ADMINISTRATIVE	
DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH PAYROLL TITLE SEPARATELY:									
REASON FOR LEAVING:									

EMPLOYER		PAYROLL TITLE							
STREET ADDRESS		AVERAGE HOURS WORKED PER WEEK				CURRENT OR LAST SALARY			
		FULL-TIME		OR	PART-TIME		WEEKLY OR MONTHLY OR ANNUALLY		
CITY	STATE	DATES OF EMPLOYMENT					TOTAL		
		MONTH	YEAR	TO	MONTH	YEAR	YEARS	MONTHS	
SUPERVISORY RESPONSIBILITY: LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)		MANUAL/TRADES	CLERICAL		TECHNICAL/PARA-PROFESSIONAL		PROFESSIONAL	ADMINISTRATIVE	
DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH PAYROLL TITLE SEPARATELY:									
REASON FOR LEAVING:									

- State law requires that you furnish certain information about your child support obligations at the time you are hired. The possibility of employment is not affected by a child support obligation or default in payment.
- As a condition of employment, state law requires that “every male born on or after January 1, 1960, and less than 27 years old, shall submit documentation, at time of appointment, evidencing his registration with the Federal Selective Service System.”
- In compliance with the state and federal constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity. If you have a complaint, please contact the Department of Central Management Services at 217/782-7100 (voice) or 217/785-3979 (TTY).

16. This application may be utilized as the actual test for some titles. If the title for which you wish to test is a closed exam or an exam based only on training and experience, mail completed application to: Central Management Services, Examining and Counseling, Room 500, Stratton Office Building, 401 South Spring Street, Springfield, Illinois 62706. Applications for a closed exam will be maintained until an agency requests that the test be administered or for a maximum of one year.

17. I understand that I may be required to submit proof of previous employment, education, military service or other statements in this application. I authorize release of this and other information covering job-related factors for the purpose of verification and determination of suitability for state employment. **I state that I have not submitted an application for this written and/or performance examination within the last 30 days.** I certify that the information on this application is true and accurate and understand that misrepresentation of any material fact may be grounds for ineligibility or termination of employment.

DATE

WRITTEN SIGNATURE REQUIRED

The State of Illinois is an Equal Opportunity Employer. We invite you to complete the following. Completion of this information is not required. Circle **ONE** letter.

FEMALE A	MALE G	White not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
B	H	African American not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.
C	J	Native American. A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community.
D	K	Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
E	L	Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.

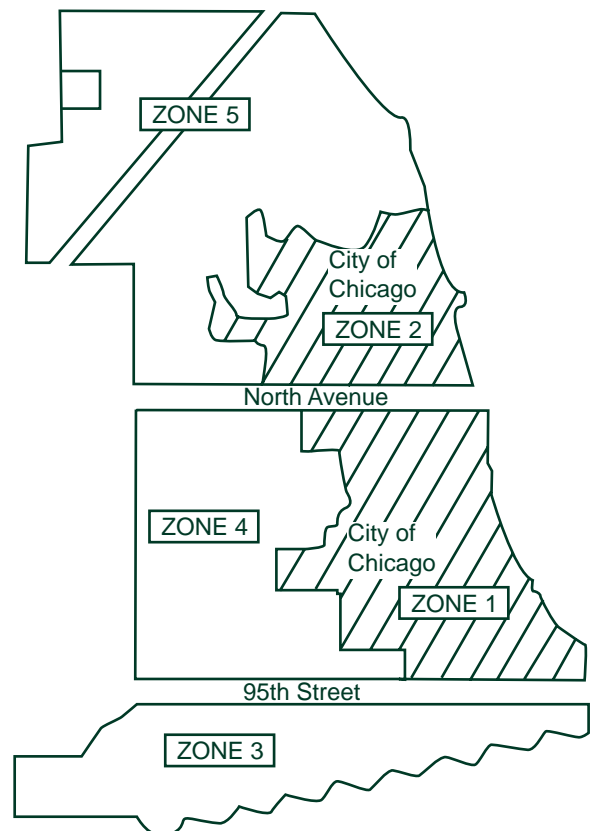
APPLICANT INFORMATION CONCERNING COOK COUNTY ZONES

Cook County is divided into five **zones** for the position titles listed below for the purpose of administering eligible lists. To explain the **zones**, the map is an outline of Cook County with the central and northern portions of the City of Chicago shown crosshatched.

The open competitive position titles to which Cook County **zones** apply are:

Automotive Mechanic	Highway Maintainer Lead Worker	Office Clerk
Child Development Aide III	Laborer (Maintenance)	Security Officer
Cook I	Licensed Practical Nurse I and II	Stores Clerk
Heavy Construction Equip Operator	Office Aide	Storekeeper I
Highway Maintainer	Office Assistant	Support Service Worker

- **Zone 1** is the area within the city limits of Chicago between North Avenue and 95th Street.
- **Zone 2** is the area within the city limits of Chicago north of North Avenue.
- **Zone 3** is Cook County and the area including the City of Chicago which is south of 95th Street.
- **Zone 4** is Cook County outside the City of Chicago between North Avenue and 95th Street.
- **Zone 5** is Cook County outside the City of Chicago north of North Avenue.



STATE OF ILLINOIS ASSESSMENT CENTERS

CHAMPAIGN (by appointment only)

Central Management Services
State Regional Office Building
2125 South First
Champaign, Illinois 61820
Illinois Relay Center:
800-526-0844 (TTY only)

ROCKFORD (by appointment only)

Central Management Services
E.J. "ZEKE" Giorgi Center
200 South Wyman
Rockford, Illinois 61101
Phone: 815-987-7004
Illinois Relay Center:
800-526-0844 (TTY only)

MARION (by appointment only)

Central Management Services
State Regional Office Building
2309 West Main Street
Marion, Illinois 62959
Phone: 618-993-7005
Illinois Relay Center:
800-526-0844 (TTY only)

CHICAGO

Central Management Services
James R. Thompson Center - Suite 3-300
100 W. Randolph Street
Chicago, Illinois 60601
Phone: 312-793-3565
312-814-4458 (TTY only)

SPRINGFIELD

Central Management Services
Capital City Center
130 West Mason Street
Springfield, IL 62702
Phone: 217-557-6885
217-785-3979 (TTY only)

Walk in test centers are located in Springfield and Chicago. Office hours are Monday-Friday 8 a.m. - 5p.m.

Chicago and Springfield multiple choice automated testing is held Monday, Tuesday, Wednesday and Thursday. Check in time for clerical and non-clerical tests is anytime between 8 a.m. and 1:30 p.m. in Chicago and 8 a.m. and 2 p.m. in Springfield. You must arrive and be ready to test no later than 12:30 p.m. for HR Trainee, HR Assistant, HR Associate, Revenue Tax Specialist Trainee, Insurance Analyst II, Telecommunicator Trainee and Dictation exams.

IDENTIFICATION IS REQUIRED AT THE TIME OF TESTING AT ALL ASSESSMENT CENTERS.

**Visit our Web site for more information: www.state.il.us/cms or for general information regarding testing and career counseling contact CMS Examining and Counseling Division,
Room 500 Stratton Building, Springfield, IL 62706
(217) 782-7100 (voice) (217) 785-3979 (TTY)**

Career Services Career counselors are available at all of the assessment center locations by appointment only. A completed CMS application is required at the time of the appointment for review by the counselor. After reviewing your completed application and discussing your education and work experiences, the counselor will recommend job titles and provide descriptions of the job requirements. Call in advance to make an appointment. Phone numbers are listed above for the specific locations.

Testing Information There are approximately 950 position titles used by the state agencies under the jurisdiction of the Governor. To be considered as an eligible applicant for one of these titles, the applicant must participate in either an automated multiple-choice test (AT); or submit the application for a review of the training and experience (TX) listed on the application. A grade is given for each of these exam types. The position titles are separated into Group A and Group B.

Group A - titles are tested for continuously. The Group A titles requiring an automated multiple-choice exam (AT) are administered at any of the assessment centers listed above. The Group A titles requiring review of the applicant's training and experience (TX) should be sent to CMS, Examining and Counseling Division, Room 500 Stratton Office Building, Springfield, IL, 62706, for grading.

Group B - titles are closed exams. Send applications for any Group B title to CMS, Examining and Counseling Division, Room 500 Stratton Office Building, Springfield, IL, 62706. Applications for a Group B closed exam will be maintained until an agency requests that the test be administered or for a maximum of one year.

- Information on the position titles may be obtained from any Assessment Center or by viewing the Web site.
- NOTE: A separate application is usually required for each title and option for which you test. Some exceptions: You may use one application to apply for a TX grade for multiple options for Public Service Administrator (PSA) and Senior Public Service Administrator (SPSA). Use one application for all selected options for each title for the Information Services Specialist (ISS) and the Information Systems Analyst (ISA).
- Many AT tests in the same series require only one application. Check with any assessment center for specifics.

Veterans Preference is awarded to veterans after CMS receives appropriate documentation and verifies eligibility. For more information contact the Veterans Outreach Office at 800-643-8138; Illinois Relay Center 800-526-0844 (TTY only).

Highway Maintainer Examination requires the possession of a valid commercial drivers license, Class "A," with endorsements of "N" (Tankers) or "X" (Tankers with hazardous materials) and non-restrictive air brakes, before an applicant can participate in the examination.

Automotive Mechanic Examination Opt. 1, 2 and 3 and Maintenance Equipment Operator Examination require the possession of a valid Class "A" or "B" commercial drivers license before an applicant can participate in the examination.

If you are an individual with a disability and need assistance to participate in the testing process, please contact Disability Services at Springfield (217) 785-1985 (voice) or (217) 524-1383 (TTY only) before the date of the test.